

Maine DEP

Notification of Installation of Amalgam Separator

Name of Dental Practice _____

Name(s) of Dentists Practicing at this facility _____

Mailing address _____

Physical address _____

Town or City _____ Zip Code _____

Business Phone Number 207-(_ _ _) - (_ _ _ _)

Separator Manufacturer Name _____

Model _____

Date Installed _____

Written agreement with licensed recycling facility
(one of the following two choices must be checked)

- ☐ Written agreement between the licensed recycler
and the amalgam separator manufacturer
- ☐ Written agreement between the licensed recycler
and your dental practice

Licensed Recycling Facility

Name, address, & Telephone No.

Dentist Representing Practice (please print)

Dentist Representing Practice (please sign)

Date _____

Please mail to:

Leslie Rucker
Department of Environmental Protection
Bureau of Land & Water Quality
17 State House Station
Augusta, ME 04333

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